

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20293**

FILED JUL 8 1957

BIRTH NO. _____ REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **5176** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Auglaize Township		c. CITY OR TOWN Stoutland R.R.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoutland R.R.		e. STREET ADDRESS (If rural, give location) Stoutland R.R.	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Alvin c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) June 28 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4 - 1916
9. AGE (In years last birthday) 41	10. UNDER 1 YEAR Months 2 Days 24	11. BIRTHPLACE (City and State or Foreign Country) Camden Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Fish Hatchery	
13a. FATHER'S NAME James R. Wilson		13b. MOTHER'S MAIDEN NAME Rebecca Allen	
13c. NAME OF HUSBAND OR WIFE Urbria Wilson		14. NAME OF HUSBAND OR WIFE Urbria Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2		16. SOCIAL SECURITY NO. 495-16-0714	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Urbria Wilson		ADDRESS Stoutland Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H20.1	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Sudden	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 24, 1957 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Abbie Woolery Corner		23b. ADDRESS Camdenton Mo.	
23c. DATE SIGNED July 29 - 57		23d. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30 - 57	
24c. NAME OF CEMETERY OR CREMATORY Mt Zion		24d. LOCATION (City, town, or county) (State) Camden Co Mo	
DATE REC'D BY LOCAL REG. June 29 - 1957		REGISTRAR'S SIGNATURE Zilpha L. Traw	
25. FUNERAL DIRECTOR'S SIGNATURE Banksen-Woolery		ADDRESS Camdenton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 12 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No 37457

P. O. Address Camden, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.